

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services 401 Hungerford Drive, 1st Floor Rockville, Maryland 20850-2368 240-777-3986 Fax 240-777-3088

TRANSIENT LODGING FACILITY LICENSE APPLICATION

Application is hereby made for a license to operate a Transient Lodging Facility in Montgomery County, Maryland

| New □ Renewal □ | ТО | DAY'S DATE |
|---|---|---|
| (Please | e Print) | |
| Name of Facility: | | Phone #: |
| • | | include area code |
| Address of Facility: | | |
| Street Number and Street Name | | |
| City | State | Zip Code |
| Name of Owner: | | Phone #: |
| | | include area code |
| Address of Owner:Street Number and Street N | Vame | |
| | | |
| City | State | Zip Code |
| Resident Manager: | | Phone #: include area code |
| application. | e (bawdy houses ations 296, 297, 36 joints), Section 1 of the above is ye | ovisions of Article 27 of the Annotated and house of ill fame), Section 133 00, 301 (gaming), Section 343 (illegal 128 (disturbance of the peace? s, please attach an explanation to this |
| Note: New applicants must attach a current Use and Occi | upancy Permit ar | nd Fire Marshal approval. |
| Fee Information: Please refer to Transient Fact Sheet | | |
| Submit completed application and application fee to Licen Floor, Rockville, Maryland 20850. Payment must be made County, Maryland". We are unable to accept cash payment. | e by check or mo | |
| OFFICE U | JSE ONLY | |
| Receipt Number: | | Date Issued: |
| Amount Paid: Check/Money Order Number: | | Date Expires: Record Number: |
| Check/Money Order Muniber: | | Record Number: |